IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 092390 PIN# ~~4639 73 4457 (pt.)~~ 4639537278.000 DATE Feb 13, 01

OWNER OR CONTRACTOR Crescent Resources Inc. / JACK McCORMICK PHONE: Business _____ Home _____

ADDRESS P.O. Box 1033, Charlotte NC 28201

LOCATION Perth Rd N TL Fern Hill Rd TL Wildwood Cove Dr

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 12/12A LOT AREA 36047 ft² + 16554 ft² SITE CLASS. PS* DESIGN FLOW 460 gpd L.T.A.R. .3 SFE 12A*

Septic Tank: 1000 Gallons; STB 1012 Date 10/3/03

Pump Tank: 1000 Gallons; PT 17 Date 10/16/03

Pump Make: Goulds Model WE0 10128 Model No. C043 7126

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PM Innovative 25% Red on SFE 12A

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

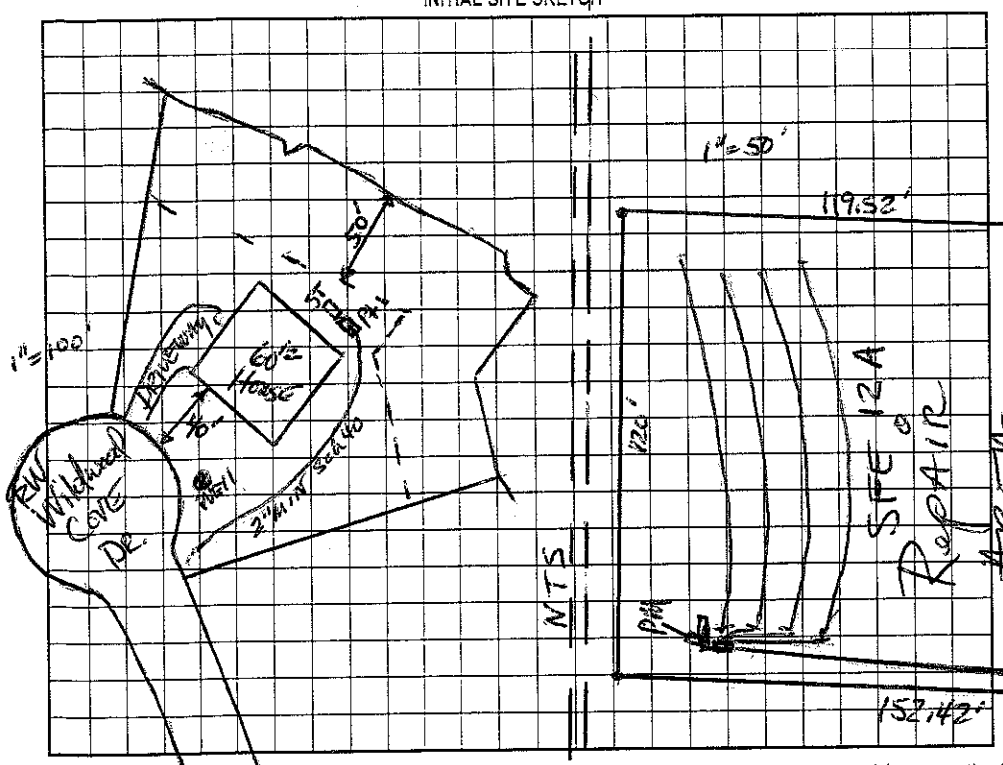
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Infiltrator installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 3-2-01 Installed by: Tommy Fine

Improvement Permit by: _____ date 2-13-01 Operation Permit by: Wesley Sparks R.S. date 4/21/04

Authorization to Construct by: _____ date 6/30/03 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK